S. No. 300
M—10-47
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 17 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 12555

Registrar's No. 1392

48
3
8

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital No. 1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 mo. (Specify whether years, months or days)
In this community: 23 Years

2. USUAL RESIDENCE OF DECEASED: 48
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 918 Brooklyn 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: John E. Fiebig

3. (b) If veteran, name war: No

3. (c) Social Security No.: 487-05-6126

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed 7

6. (b) Name of husband or wife: Laura Fiebig

6. (c) Age of husband or wife if alive: * years

7. Birth date of deceased: 6 (Month) 2 (Day) 1904 (Year)

8. AGE: Years 43 | Months 9 | Days 25 | If less than one day: hr. min.

9. Birthplace: Iola (City, town, or county), Kansas (State or foreign country) 1

10. Usual occupation: Undertakers assistant

11. Industry or business: Mrs. C.L.Forster Funeral Home

FATHER
12. Name: John Fiebig
13. Birthplace: (City, town, or county) Poland (State or foreign country) 4

MOTHER
14. Maiden name: Apolonia Pezybylska
15. Birthplace: (City, town, or county) Poland (State or foreign country) 4

16. (a) Informant: Deloris Prettyman
(b) Address: West Line, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-31-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. St. Mary's Cemetery

18. (a) Signature of funeral director: Mrs. C. L. Forster
(b) Address: Kansas City, Missouri

19. (a) 3-30-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 27 year: 1948 hour: 1 minute: 55 P.M.

21. I hereby certify that I attended the deceased from Feb. 26, 1948 to March 27, 1948 that I last saw him alive on March 27, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Organizing pneumonia	
Due to: Acute and chronic pericarditis	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 109 B	
Major findings: Of operations:	
Of autopsy: See above	

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify):
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: Wm W. Hart (M. D. or other)
Address: Med. Dir. Gen'l Hosp. Date signed: 3-29-48

(Licensed Embalmer's Statement on Reverse Side)

Dr. Barry

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Robert A. Hermann

Licensed Embalmer No. 3700

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.